

# ***Consumer Handbook for Residents and Family of Long-Term Care Facilities***



*Consumer Handbook  
For Residents and Family of  
Long-Term Care Facilities*

written by the

LONG-TERM CARE  
OMBUDSMAN  
PROGRAM

1-800-309-3282

and the

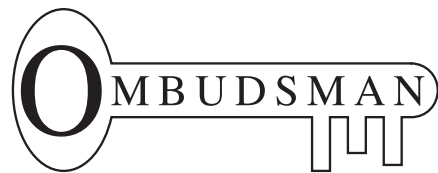
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provisions of Title III-B of the  
Older Americans Act.

***Dear Resident,***

*This handbook has been designed for use by you, the nursing home resident.*

*We want to provide you with information and ideas to help make your stay in the nursing home better.*



*Please feel free to call us if you have any questions or concerns regarding this information.*

*Sincerely,  
The Missouri Long-Term Care  
Ombudsman Program*

# ***What is the Long-Term Care Ombudsman Program?***

Missouri's most comprehensive resource serving residents of nursing homes and their families. Established as an independent, nonprofit, public service agency to support and inform the **one out of every two of us who will spend time in a nursing home**.

## **WHAT INFORMATION CAN I GET FROM LTCOP?**

Professional staff at LTCOP inform and assist the families of residents; **clarifying** nursing home regulations and resources; **providing** technical assistance for professionals who work with residents and families; **educating** the community about the services of LTCOP and the rights of long-term care residents.

## **WHAT SERVICES ARE PROVIDED?**

The LTCOP Staff and Ombudsman Volunteers are advocates for residents in nursing homes;

**Listen** to residents' concerns and grievances;

**Resolve** grievances by working with residents and nursing home staff;

**Explain** the rights of nursing home residents;

**Promote** meaningful conversation and rapport between residents and staff;

**Monitor** the development of federal, state, and local laws regarding long-term care and other long-term care issues.

## **WHO DELIVERS THESE SERVICES?**

- ◆ Professional Staff at the state LTCOP who are experienced in working with state government and in negotiating with families.
- ◆ Ombudsman Volunteers, the foundation of the program, who receive extensive training prior to serving the nursing home residents.

**Note:** LTCOP is independent and impartial; Ombudsmen are not state inspectors and are not employees of nursing homes.

## **WHO FUNDS THE LTCOP PROGRAM?**

The Long-Term Care Ombudsman Program relies on the community for much of its funding, including individual gifts, foundation grants, and corporate contributions. Federal funds are also provided under Title III and Title VII of the Older Americans Act. State funds are appropriated through the Missouri Legislature to the Missouri Department of Health and Senior Services.

# *Services of the Long-Term Care Ombudsman Program*

- ✱ Provides a grievance mechanism accessible to residents of long-term care facilities and their families.
- ✱ Recruit, train, place and supervise Ombudsman Volunteers assigned to a specific long-term care facility, who respond to resident complaints, concerns, and investigate these issues with the permission of the resident.
- ✱ Respond to complaints received in the Ombudsman office by advising the complainant of the resources available, including Ombudsman Staff personally investigating the complaint.
- ✱ Educate residents and staff of long-term care facilities, families, and the general community about the rights of nursing home residents as established by state and federal law.
- ✱ Distribute resident rights literature to residents.
- ✱ Supply large print posters depicting the rights of nursing home residents for prominent display in a facility.
- ✱ Conduct resident rights in-service training for staff employed by long-term care facilities.
- ✱ Provide staff to discuss information and referral for families seeking long-term care services for a relative.
- ✱ Provide general information to the community regarding resources available for long-term care, residents' rights, choosing a long-term care facility, Medicaid, Medicare, and the Ombudsman Program.

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**The Long-Term Care Ombudsman Program is funded by individuals, corporations, and by the Area Agencies on Aging under the provisions of Title III and Title VII of the Older Americans Act. Contributions from citizens are always needed and welcomed.**

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# *Chapter 1- Facility Types*

## **RESIDENTIAL CARE FACILITY**

There are two kinds of Residential Care Facilities (RCF) licensed by the Department of Health and Senior Services.

Some RCFs are licensed to provide 24 hour care for those who need or are provided with shelter, board, and protective oversight. Protective oversight may include storage, distribution and/or administration of medication and care during short-term illnesses. These residents are required to make a path to safety without assistance and a licensed administrator is not required.

Other RCFs are licensed to provide 24 hour accommodation, board and care for residents who may need diet supervision, personal care assistance, storage, distribution and/or administration of medications, supervision of health care under the direction of a licensed physician and protective oversight. These residents are required to make a path to safety without assistance and a licensed administrator is required.

Not all RCFs are the same so you need to evaluate which RCF is going to provide the services that you want and need.

## **ASSISTED LIVING FACILITY**

There are two kinds of Assisted Living Facilities (ALF) licensed by the Department of Health and Senior Services.

One type of ALF provides 24 hour care, services and protective oversight for those who may need assistance with eating, dressing, bathing, toileting, transferring, and walking. The facility also provides oversight for the storage, distribution, or administration of medications. The facility will provide health care supervision under the direction of a licensed physician and consistent with the social model of care. Social model of care means providing services based upon the abilities, desires and functional needs of residents delivered in a homelike setting. The facility is **not** able to admit or retain residents who require more than minimal assistance to evacuate the facility unless the resident is on hospice. The facility is required to have a licensed administrator.

Another type of ALF provides 24 hour care, services and protective oversight for those who may need assistance with eating, dressing, bathing, toileting, transferring, and walking. The facility also provides oversight for the storage, distribution, or administration of medications. The facility will provide health care supervision under the direction of a licensed physician and consistent with the social model of care. Social model of care means providing services based upon the abilities, desires and functional needs of residents delivered in a homelike setting. The facility is required to have a licensed administrator. The facility **may** admit or retain residents who require more than minimal assistance to evacuate the facility.

### **What is minimal assistance?**

Minimal assistance may be a verbal or physical intervention that staff provide for a resident to evacuate the facility. A resident who needs minimal assistance is one who is able to prepare to leave and evacuate the facility within five minutes of being alerted to the need to evacuate. This resident requires not more than one physical intervention or no more than three verbal interventions to evacuate the building.



### **What is considered to be more than minimal assistance?**

The following actions of staff are considered to be more than minimal assistance:

1. Assistance to traverse down stairways
2. Assistance to open a door.
3. Assistance to propel a wheelchair.

### **Are there situations where an individual may not qualify for admission to an ALF?**

Yes. The following criteria would disqualify individuals from admission:

1. The individual is bed bound or similarly immobilized (except for those individuals who receive hospice care, provided the resident, his/her legal representative, the facility, physician and licensed hospice provider agree hospice is appropriate for the resident).
2. The individual exhibited behaviors that present a reasonable likelihood of serious harm to self or others.
3. The individual requires a physical or chemical restraint.
4. The individual requires more than one person to physically assist with activities of daily living with the exception of bathing and transferring.

ALFs are required to develop a written contract coordinating oversight and services to meet the resident's needs in accordance with the resident's individualized service plan. The written contract must be signed by the resident or by a legal representative of the resident.

## **INTERMEDIATE CARE FACILITY**

Intermediate Care Facilities are any premises, other than a residential care facility, assisted living facility or skilled nursing facility, which is utilized by its owner, operator, or manager to provide twenty-four hour accommodation, board, personal care, and basic health and nursing care services under the daily supervision of a licensed nurse and under the direction of a licensed physician to three or more residents dependent for care and supervision and who are not related within the fourth degree of consanguinity or affinity to the owner, operator or manager of the facility.

## **SKILLED NURSING FACILITY**

A Skilled Nursing Facility is any premises, other than a Residential Care Facility, Assisted Living Facility or Intermediate Care Facility, which is utilized by its owner, operator or manager to provide for twenty-four hour accommodation, board and skilled nursing care and treatment services to at least three resident who are not related within the fourth degree of consanguinity or affinity to the owner, operator or manager of the facility. Skilled nursing care and treatment services are those services commonly performed by or under the supervision of a registered professional nurse for individuals requiring twenty-four hours a day care by licensed nursing personnel including acts of observation, care and counsel of the aged, ill, injured or infirm, the administration of medications and treatments as prescribed by a licensed physician or dentist and other nursing functions requiring substantial specialized judgment and skill.

## Chapter 2- Admission Agreement

### ADMISSION AGREEMENT

Your Admission Agreement is an important document because it should spell out information about your stay at the nursing home including daily rates, covered services, refunds, etc. These must be given to you in a form you understand. This chapter talks about what should be included in your admission package.

**YES**

**NO**

*I have a copy of my admission agreement.*

If no, talk with the admissions person and obtain your copy. The nursing home must inform you of its policies, and before any changes are made in these policies.

**Your Admission Agreement is an important document because it should spell out information about your stay at the nursing home including daily rates, covered services, refunds, etc.**

### COVERED SERVICES

In the admission agreement there should be a list explaining what services are covered under your daily rate and what extra charges may be billed to you, such as feeding and therapy.

**YES**

**NO**

*I have a list explaining services and charges.*

If no, request a copy of this list and talk to the admissions person if you have any questions. If you are a Medicaid recipient, see Appendix A for a list of all services and supplies which are to be provided by the nursing home at no cost to you.

### BEDHOLD

The bedhold policy explains the terms for holding your bed when you are in the hospital or on therapeutic leave.

**YES**

**NO**

*I have a copy of the bedhold policy which tells me how I can save my bed while I am in the hospital. The bedhold notice should include the daily rate to save your bed and return to the facility and Medicaid coverage, if applicable.*

If no, request a copy from the social service designee.

If you receive Medicaid and decide not to pay to save your bed, the facility must provide the first available Medicaid bed to you when you get out of the hospital. Medicaid will pay to hold your bed if you are in the hospital for 3 nights or less, AND, if the facility is at least 97% occupied.

### ADVANCE DIRECTIVES

Advance Directives are documents stating whether or not you wish medical treatment and who can make health care decisions for you. Living Wills and Durable Powers of Attorneys for Health Care are forms of advance directives.

**YES**

**NO**

*I have the nursing home's written policy on whether or not they will honor my advance directives.*

If no, or you do not understand the nursing home's policy or have questions about advance directives, contact your social service designee.

**YES**

**NO**

*I have an advance directive.*

If yes, make sure to give the nursing home and your doctor a copy of your advance directive.

The nursing home or hospital can not force you to make an advance directive.

Talk to your social service designee; if you feel more information is needed, contact your attorney or the local Legal Service Office.

## RESPONSIBLE PARTY

A Responsible Party is a person who the nursing home can call about your care and/or finances.

**YES**

**NO**

*A family member or friend has signed as my responsible party.*

If yes, often the family member or friend could be held financially responsible. If you are a Medicaid recipient, then you do not have to have another person sign as financially responsible.

## RESTRAINT POLICY

Federal law limits the use of physical and chemical restraints. Many nursing homes are asking residents to sign a Restraint Policy which states when and how restraints are used in the nursing home.

**YES**

**NO**

*I have a copy of the nursing home restraint policy and understand it.*

If no, talk to your nurse about restraints and how they are used in your facility. Ask for a copy of the policy if the nursing home has one.

## MEDICARE

Medicare nursing home coverage is very limited and seldom covers your full stay in a nursing home.

**YES**

**NO**

*Medicare covers my stay at the nursing home.*

If yes, make sure you know the number of days you are allowed, otherwise you may have to pay extra for being in a Medicare bed.

See Appendix B for more information on Medicare.

## MEDICAID

Medicaid is a program that pays for your care in a nursing home if you can not pay the full price by yourself.

**YES**

**NO**

*I may soon need Medicaid.*

If yes, you need to talk with your social service designee about qualifying for Medicaid and the availability of Medicaid beds in your nursing home. Appendix B gives more information on Medicaid.

## MAKING DECISIONS

No one can make personal or financial decisions for you unless you agree or the person who is your court appointed guardian agrees. You do not have to have a guardian, responsible party or give someone power of attorney to be in a nursing home.

**YES**

**NO**

*I make my own decisions regarding my health care.*

If no, the only other people who can make health care decisions for you are those you have appointed through a Durable Power of Attorney for Health Care or someone who is a court appointed Guardian.

**YES**

**NO**

*I handle my own finances.*

If no, unless you have given someone else the power to manage your finances through a Durable Power of Attorney, Power of Attorney, or the court has appointed someone to be your Guardian or Conservator, you can manage your own finances.

**YES**

**NO**

*Someone else receives my social security check.*

If yes, often nursing home residents assign someone to be their Representative Payee. This can be a family member, friend, or even the nursing home. The Representative Payee has your social security check mailed to them. This does not give them any additional right to make decisions for you regarding your health care or finances.

## RIGHTS

You have the right to a dignified existence and self-determination and the facility must promote and protect your rights. A written copy of your rights should have been given to you at the time of your admission.

**YES**

**NO**

*I have a copy of my rights.*

If no, contact your social service designee or your local Long-Term Care Ombudsman Program for more information about your rights. For more information on the Ombudsman Program see the beginning of this booklet.

## ASSESSMENT

If you are in a Medicaid bed (regardless of whether you receive Medicaid or not), the facility must do a complete assessment of your needs at the time of your admission, following a change of condition, and periodically throughout the year.

**YES**

**NO**

*I took part in my assessment when I entered a Medicaid bed.*

If no, or you are not sure, ask to have this reviewed with you. Within 14 days from the time you entered the nursing home a form called an MDS (minimum data set) should be filled out. The MDS helps the nursing home to look at all of your needs, not only medically, but also emotionally and socially.

**YES**

**NO**

*When my condition changed, I had a new assessment done.*

If you are not aware of an assessment being done, ask your social service designee or director of nursing about it. This information, as all other information concerning your condition, is available to you on request. Assessments must be redone when your physical or emotional condition changes, i.e. following a hospital stay.

## CARE PLANS

A care plan must be done within 7 days of your assessment. The care plans' purpose is to set goals which help meet your medical and emotional needs. Remember, care plans apply to residents in a Medicaid bed).

**YES**

**NO**

*I actively participate in my care plan meeting.*

If no, remember, this meeting is held specifically so that you may participate in your care. Use this time to voice any concerns you may have about your care. Ask when your next care plan meeting is scheduled and plan on attending.

## Chapter 3 - Resident Rights

### RESIDENT RIGHTS

When you entered the nursing home you were given a list of your rights as a resident in the nursing home. These rights are there to make sure that you are treated with dignity and respect and to protect you from abuse.

**These rights make sure that you are treated with dignity and respect, and to protect you from abuse.**

### POSSESSIONS

**YES**

*I have pictures on my walls and personal possessions in my room.*

If no, and you want your personal belongings with you, talk to the social service designee. The nursing home must provide you with enough space to keep a reasonable amount of your personal possessions.

**YES**

*The nursing home has a list of all my personal belongings.*

If no, ask that one be made. Nursing homes are required to keep an inventory list of your personal possessions. This should be updated on a regular basis, including every time a new item is brought to you or something is sent home.

### RESIDENT FUNDS

**YES**

*The nursing home has my permission to handle my personal funds.*

If yes, you had to give written permission for this to be done. If you are in a Medicare or Medicaid bed, you can request the facility hold money for you. They must put any amount over \$50 into an interest bearing account.

**YES**

*I receive a written financial statement from the nursing home each quarter.*

If no, request one immediately. You may also request copies of prior statements. This helps you to understand your finances.

The nursing home must provide you information any time you request it during regular business hours Monday through Friday. They must also respond to your request to withdraw any amount of money from your account regardless of how you plan to spend it.

**YES**

*My family takes money out of my facility account.*

If yes, you had to give permission first. No one can use your money unless you gave the nursing home written permission to give the money to that person (including staff from the nursing home).

## RESTRAINTS

**YES**

**NO**

*I get a medication that tires me.*

If yes, and you are concerned about this, talk to your doctor and the Director of Nursing. Certain medications may be a chemical restraint. Chemical restraints are drugs that cause you to be tired and inactive. If you are not happy with the response from your doctor or facility call the **Elder Abuse and Neglect Hotline at 1-800-392-0210**

**YES**

**NO**

*I am often left tied in my chair or bed.*

Anytime you are limited in activities, such as being tied in a wheelchair or bed, you are being physically restrained. Unless your doctor ordered this and you have agreed to it, it is against the law. If you feel you are being restrained unnecessarily, talk with your doctor and the Director of Nursing. Call the Elder Abuse and Neglect Hotline at **1-800-392-0210** if you feel the doctor or facility is not responding to you.

## ROOM CHANGES

**YES**

**NO**

*I am being forced to change my room because of my Medicaid or Medicare bed.*

You can not be made to move into a Medicare bed even if you are eligible for Medicare benefits. However, you can not get Medicare benefits if you are not in a Medicare bed. On the other hand, if the bed is only a Medicare bed and you are a Medicaid recipient, you would have to move from the Medicare bed back to a Medicaid bed.

If your bed is both a Medicare and Medicaid bed, you can not be forced to move just because your Medicare benefits are up.

**YES**

**NO**

*I have had my room changed often.*

If yes, remember, you must be consulted before any room transfer and the reason must be valid. If this is a reoccurring problem, talk to your social service designee, the Section for Long-Term Care or your Ombudsman.

## SERVICES

**YES**

**NO**

*I want to use my own doctor and pharmacy.*

If yes, make sure your doctor will visit the nursing home; not all doctors do. Often it is difficult to find a doctor who will visit the facility, especially if you are a Medicaid recipient.

You can use any pharmacy you wish. There may be some special needs regarding the packaging of prescriptions which must be followed. All other supplies, for example incontinent pads, may be purchased from the supplier of your choice.

If you are a Medicaid recipient, refer to Appendix A for a list of items covered under the daily rate.



## RECORDS

**YES**

**NO**

*I want to see my medical records.*

If yes, the facility must make these available to you upon your verbal or written request. If you want copies, the facility must provide them within 2 working days at minimal cost. The cost can include staff time. Be sure to ask what the cost will be.

## CHOICE

**YES**

**NO**

*I am forced to take part in activities.*

If yes, discuss this with your activity director or social service designee. Tell him or her what your interests are and which activities would interest you. Also discuss this at your next care plan meeting.

**YES**

**NO**

*I want to get up in the morning at a different time.*

If yes, let the staff know that you wish to wake up at a different time in the morning. The facility should be working with you to find a schedule that meets your needs and habits.

**YES**

**NO**

*I wish to take a bath/shower at a different time or on a different day.*

If yes, this should be discussed with the nurse scheduling baths or showers, so that the time can be changed to meet your request.

## VISITORS

**YES**

**NO**

*Often my family cannot visit me during posted visiting hours.*

If yes, and you are in a Medicaid certified bed, your family has the right to visit you whenever convenient. This means at any time, even if it is different from posted visiting hours.

**YES**

**NO**

*My family will not allow one of my friends to visit me.*

If yes, your family does not have the right to make that decision; only you can refuse to see a visitor.

**YES**

**NO**

*I wish to see an Ombudsman.*

If yes, contact your local Ombudsman office, and request that an Ombudsman visit you.

## DEPARTMENT OF HEALTH AND SENIOR SERVICES SECTION FOR LTC

**YES**

**NO**

*I want to see an inspector.*

If yes, look for the posted sign on the front door that states the Department of Health and Senior Services Section for LTC is doing an inspection. While they are at the nursing home you can discuss any concerns you have with them. If you wish to talk with an inspector at another time, contact the Elder Abuse and Neglect Hotline at **1-800-392-0210**.

**YES**

**NO**

*I read the facility inspection reports.*

If no, the facility is responsible for posting the results of the inspection. You can request to see a copy.

## **ABUSE**

**YES**

**NO**

*A staff member yelled at me.*

If yes, this is considered verbal abuse. Anytime a staff person raises their voice to speak to a resident, this is verbal abuse. Report this and all other incidents of suspected abuse to the administrator and your family at once. You may also report abuse to the Ombudsman Program at **1-800-309-3282** or the Elder Abuse and Neglect Hotline at **1-800-392-0210**.

**YES**

**NO**

*I was slapped by a staff member.*

If yes, this is **ABUSE**. There is absolutely no reason why someone should slap you. Immediately notify the administrator and your family. This must also be reported to the Elder Abuse and Neglect Hotline at **1-800-392-0210**. The Department of Health and Senior Services Section for Long-Term Care will follow up on this incident. **FOR YOUR PROTECTION, REPORT ABUSE IMMEDIATELY.**

**YES**

**NO**

*A staff member dropped me while helping me out of bed.*

If yes, this may or may not be a form of abuse. If you think it was done on purpose, report the incident to the administrator, your family, and the Elder Abuse and Neglect Hotline. If you feel it was an accident, ask that your family be notified. Make sure nursing staff have been informed and have been trained to handle you appropriately.



## Chapter 4 - Family Rights

### FAMILY RIGHTS

As a family member you do have certain rights, and it is important that you understand and use these rights.

In the past the facility staff has depended upon the family to determine the resident's needs. Now, the facilities must turn to the resident to decide his or her own needs and how these needs are met.

Once in a while you will feel the resident is making wrong decisions, but you must respect the resident's right to make that decision on his or her behalf. You can only choose for the resident if you are the resident's court appointed guardian.

**As a family member you do have certain rights and it is important that you understand and use these rights.**

### ASSESSMENT

**Family members have the right:** To be included in the resident assessment. The assessment gives the facility vital information about the resident. In order for this information to be complete, family members should have some input.

### CARE PLAN MEETINGS

**Family members have the right:** With the permission of the resident, to be included in the care plan meeting provided by the facility on behalf of the resident. The care plan meeting provides a review of the resident's progress in the facility, outlines future treatment and deals with any special problems or concerns regarding the resident.

Talk to the social service designee to determine when the care plan meetings are held. Care plan meetings are to be held quarterly or when there is a change in the resident's condition.

### NOTIFICATION

**A family member has the right:** To be notified within 24 hours of any accident involving the resident; any significant change in the physical or mental needs of the resident; the need to change treatment of the resident; if there is a decision to transfer or discharge the resident and the reason for this action; of a change in room or roommate; and/or of any change in resident rights.

### FAMILY COUNCILS

**Family members are:** Allowed to meet with other family members in an area provided for by the facility. Staff do not have to be present, but the facility must designate a staff person who is responsible for acting upon grievances and/or recommendations of the family council.

## INVENTORY LIST

**Family members are:** Allowed access to the resident's personal property inventory list, so that you may add, or with the residents permission, delete property brought into or removed from the facility.

## VISITING

**Family members are:** To be provided with immediate and unlimited access to the resident in a Medicaid bed, no matter what time of day or whether or not during posted visiting hours, as long as the resident agrees to see you.

## BEDHOLD

**Family members are:** To receive the facility's bedhold policy after a resident has entered the facility. [A written copy of this policy must also be provided within 24 hours of the resident being transferred to the hospital from the facility. This only applies to those residents in a Medicaid bed.]

## RESIDENT FUNDS

**Family members are:** Not allowed access to resident's funds without the resident's written permission. If you wish to make purchases for the resident, you may have to provide receipts to the facility before being reimbursed.

Only the resident's legal representative is entitled to an accounting of the resident's funds held by the facility. This should be provided to you automatically on a quarterly basis.

## RESPONSIBLE PARTY

If you signed admission papers agreeing to be a responsible party for the resident, be aware as to whether or not these responsibilities include being financially responsible.

**If your relative is in a Medicaid bed, he/she does not need a financially responsible party.**

## Chapter 5 - Transfer and Discharge

### TRANSFER AND DISCHARGE

Transferring from a nursing home usually means going to the hospital with the idea of returning to the facility.

Discharge takes place when the facility and/or resident decides that the resident can no longer remain in that facility.

**You cannot be transferred  
or  
discharged  
unless:**

### REASON FOR TRANSFER/DISCHARGE

You cannot be transferred or discharged unless:

- *It is necessary for your welfare and the facility cannot meet your specific needs.*
- *Your health has improved and you do not need to be in the facility.*
- *Others' health or safety is endangered by you remaining in the facility.*

- *Payment is not being made on your behalf to the facility, either by yourself or family, or by Medicare or Medicaid.*
- *The facility closes.*

### NOTICE

A facility must provide the following unless an emergency situation exists.

- 30 day prior written notice;
- Reason;
- Effective date;
- Where you are going to go after transfer or discharge;
- Information on your right to appeal this transfer or discharge with the name and address where the appeal should be mailed.
- The name, address and telephone number of your Regional Ombudsman Program.

If the letter does not include all of the above, it is not valid and should be returned to the facility, requesting the correct information with a new date.

If you wish to appeal the discharge, you will be able to stay in the nursing home until the appeal has been heard. Contact the office of the State Long-Term Care Ombudsman at **1-800-309-3282** if you have any questions.

If the transfer or discharge is due to your needs not being met, your health improving or the welfare of others, your doctor must document this in your records.

The facility must notify your family or legal representative that you are being transferred or discharged. If you have no family or legal representative, the facility must notify the regional ombudsman program.

Preparation must also be made by the facility to ensure a safe move. This means discussing all aspects of the move with you and your family and even assisting you in locating a new place of residence if needed.

## EMERGENCY TRANSFER

Emergency transfers are permitted and 30 days written notice is not required (although the facility must give you written notice) when:

- Other individuals in the facility are at immediate risk.
- Your health has improved and you are able to leave the facility immediately.
- You require immediate medical attention.
- You have not resided in the facility for more than 30 days.

If you feel you are being transferred or discharged from the facility without a valid reason or you do not understand the transfer or discharge process, contact the office of the State Long-Term Care Ombudsman at **1-800-309-3282** or the Elder Abuse and Neglect Hotline at **1-800-392-0210**.

## Chapter 6- Complaints

### COMPLAINTS

There are times when you may feel that you have a concern or complaint with the way you are being treated or cared for in the facility. These concerns need to be brought to the attention of the staff and dealt with.

When addressing a problem or complaint with facility staff, try to make it factual and not emotional. This can be difficult, but the more factual information you can give the facility, the better they will understand.

**There are times when you may feel that you have a concern or complaint with the way you are being treated or cared for in the facility.**

### DOCUMENT

- *Put it in writing;*
- *What time of day did this problem occur;*
- *What are the names of the people involved;*
- *Does this happen on a regular basis;*
- *Who else saw or heard this happen;*
- *Any other details you feel would help.*

### IN HOUSE PROCESS

Each facility must have a staff person designated to listen to and respond to your concerns or complaints.

Once you give the complaint to this staff person, he/she has 3 days within which to respond to you in writing.

Check with your facility to see who is designated to handle the complaints.

Here are some common complaints and what you may do to handle them.

### MISSING POSSESSIONS

Clothing items missing:

- *Did it have your name on it?*
- *Was it on your inventory list?*
- *Have you checked the laundry lost and found?*
- *Has a staff member checked your roommate's closet and drawers?*
- *Are other residents or staff wearing the items?*

If you have checked these possibilities and have not found the items, go through the facility's in-house complaint reporting system.

Personal items, radio, TVs, jewelry, money missing:

- *Record the date and time;*
- *File a police report;*
- *File through the in-house complaint process;*
- *Have a locked drawer in your room;*
- *Talk with resident council to see if this is occurring to other residents;*
- *Have a family member bring the problem up at a family council meeting.*

## FOOD

### **If your food is cold:**

- *If the food sits out too long before service, talk to dietary staff;*
- *If it takes too long to get assistance or assistive devices, talk to nurses;*

### **If you are not receiving enough food:**

- *Talk to dietary about receiving larger portions or reevaluating your needs;*
- *Ask for a second helping;*
- *Ask for substitute food items;*
- *Consult your doctor about a change in diet;*
- *Ask for adaptive tools for eating;*
- *Ask for snacks every evening.*

### **If you do not like the food:**

- *Talk to dietary about your likes and dislikes;*

- *Make sure dietary writes these down in your record;*
- *Ask for substitute food items.*

Always mention dietary concerns at care plan meetings, especially when there is a weight loss involved. Also, look at any dental problems. This area may need to be addressed by your doctor or social service designee.

Once again, if these suggestions do not work, take the problem to the designated grievance staff person, talk to your Volunteer Ombudsman or call the office of the State Long-Term Care Ombudsman at 1-800-309-3282.

## ROOMMATES

### **If you have a problem with your roommate:**

- *Identify the exact nature of the problem;*
- *Speak with your social service designee about the problem, whether it can be solved or if there is a need for a change;*
- *Identify another resident in the facility that you would like for a roommate;*
- *Ask for a private room, if available;*
- *Follow up on the availability of another room weekly;*
- *Address this problem during your care plan meeting.*

Remember, even if you were the original occupant of the room, if you file the complaint and wish the change, you may be the one who has to move. Also, the facility must respond to your request, but they will have limits on how frequently they will be able to cooperate.

## FINANCIAL

**If you have a billing problem** such as being billed for items or services you thought were included in your daily coverage or an unexplained item:

- *Request an itemized statement;*
- *Look at your admission agreement; it must state the items or services not covered under your daily rate;*
- *Check the items or services covered under Medicaid (See Appendix A).*

If you question the amount of your personal funds held by the facility:

- *Request an itemized statement;*
- *Ask for copies of all receipts;*
- *Make sure you gave permission to use the money;*
- *Was something bought that is on the Medicaid covered items list? (See Appendix A)*
- *Set up a conference with the bookkeeper.*

If you have requested the facility hold your personal funds, they are responsible for making sure the money is spent on items authorized only by you. They are accountable to you for this money upon request and at least quarterly.

## RESIDENT CARE

**If your bedding is wet:**

- *Does the staff respond to your call light in a timely manner?*
- *Is your call light within reach?*
- *Do you know how to use it?*
- *Is there an incontinence problem?*
- *Do you need bowel and bladder training?*

When the response time is lengthy, talk with the nurse and the staff person designated to handle complaints. However, if the problem is greater than call light response, your physician needs to be notified as well as the director of nursing. Make every effort to show the nursing staff the wet bedding and also try to time how long the bedding is left wet.

## SKIN BREAKDOWN

One of the concerns about being left wet is the problem of skin breakdown. You can be developing bedsores in areas that are red and blistery. Common areas to look for skin breakdown are elbows, knees, hips and buttocks.

- *Notify staff, as area may be a potential bed sore;*
- *Notify your family so that they may monitor the situation;*
- *Family members need to help monitor your skin care and look for any signs of red areas developing;*
- *Verify that your doctor has been notified for treatment;*

- *Is turning schedule being followed every 2 hours?*

Should the area worsen, have your doctor notified immediately. If there is no response from the staff or your doctor, have your family contact the doctor themselves. If no response, then call the Elder Abuse and Neglect Hotline at **1-800-392-0210**.

This is a very serious problem which can lead to hospitalization. It needs to be treated immediately, and monitored on a regular basis.

If there has been a change in your medical condition or behavior:

- *Have you made staff aware of the change?*
- *Verify that the doctor has been notified;*
- *Is a doctor visit required?*
- *Has there been a change in your medication?*
- *If behavioral, does an assessment need to be done?*
- *Has a care plan meeting been set up to address this change?*

With any change in condition, the doctor and family must be notified. If there is no response from the doctor you may need to choose another doctor. Always insist that a care plan meeting take place to address this change.

Your medical and emotional health is a major concern.

Ask your family to help you monitor your care so when a problem occurs it does not develop into a life threatening situation.

If you feel it is life threatening and you are not receiving a response from the facility call the Elder Abuse and Neglect Hotline immediately at **1-800-392-0210**.

## ABUSE

**If you feel you are being abused:**

- *Notify your family immediately;*
- *Notify the facility administrator immediately;*
- *Notify the Elder Abuse and Neglect Hotline at 1-800-392-0210 immediately;*
- *Request an incident report to be written and a copy be given to you and your family.*

All suspected abuses must be reported to the Hotline. Try to remember when and where it happened and who was involved so that you can provide this information to anyone investigating the abuse.

As a family member, if you suspect an abuse, look for bruises, skin tears and/or withdrawal symptoms. Always investigate and report any suspected abuse situation.



## FOLLOW-UP

With all complaints, get a commitment from the facility as to the time limit within which the complaint will be resolved. Follow up with the facility as to the progress in resolving the complaint.

Bring the complaint up during the care plan meeting, as this will ensure the complaint becoming part of your record and helps you to get a commitment from the facility.

If you feel you are not progressing with the nurse or staff complaint designee, speak with the administrator. Once again, provide as much information as possible, preferably in writing, keeping copies for yourself.

The other option available is to move to another nursing home. This may seem like a drastic decision, however, if there are negative feelings between you and the nursing home staff, moving may be a logical choice.

Should you feel that you need more help or are not receiving results, contact the office of the State Long-Term Care Ombudsman at **1-800-309-3282** or the Elder Abuse and Neglect Hotline at **1-800-392-0210**.

## Remember:

If the facility does not resolve your concerns with the In House Process or Follow-Up, the Ombudsman Program will help you. Contact your local Volunteer Ombudsman, if one is available, your Regional Ombudsman Office, or the office of the State Long-Term Care Ombudsman at **1-800-309-3282**.

They can assist you in solving the problem.

# Appendix A

## THESE ITEMS ARE COVERED UNDER THE MEDICAID PER DIEM RATE:

### PERSONAL CARE:

Baby Powder  
Bedside Tissues  
Bib (All Types)  
Deodorants  
Disposable Underpads (All Types)  
Gowns, Hospital  
Hair Care, Basic (including Washing, Cuts, Sets  
Brushes, Combs, Nonlegend Shampoo)  
Lotion, Soap and Oil  
Nail Clipping and Cleaning  
Oral Hygiene (including Denture Care, Cups,  
Cleaner, Mouthwashes, Toothbrushes and  
Paste)  
Shaves, Shaving Cream and Blades

### EQUIPMENT:

Arm Slings  
Basins  
Bathing Equipment  
Bed Frame Equipment (including Trapeze Bars  
and Bedrails)  
Bed Pans (All Types)  
Beds, Manual, Electric  
Canes (All Types)  
Crutches (All Types)  
Foot Cradles (All Types)  
Glucometers  
Heat Cradles  
Heating Pads  
Hot Pack Machines  
Hypothermia Blanket  
Mattresses (All Types)  
Patient Lifts (All Types)  
Respiratory Equipment: (Compressors,  
Vaporizers, Humidifiers, Intermittent Positive

Pressure Breathing Machines ( IPPB),  
Nebulizers, Suction Equipment and Related  
Supplies, etc.

Restraints  
Sand Bags  
Specimen Container (Cup or Bottle)  
Urinals (Male and Female)  
Walkers (All Types)  
Water Pitchers  
Wheelchairs (Standard, Geriatric, and Rollabout)

### NURSING CARE/PATIENT CARE SUPPLIES:

Catheter, Indwelling and Nonlegend Supplies  
Decubitus ulcer care: pads, dressings, air  
mattresses, aquamatic K pads (water heated  
pads), alternating pressure pads, flotation  
pads and/or turning frames, heel protectors,  
donuts and sheepskins.  
Diabetic Blood and Urine Testing Supplies  
Douche Bags  
Drainage Sets, Bags, Tubes, etc.  
Dressing Trays and Dressings (All Types)  
Enema Supplies  
Gloves, Nonsterile and Sterile  
Ice Bags  
Incontinence Care, including Pads, Diapers and  
Pants  
Irrigation Trays and Nonlegend Supplies  
Medicine Cups  
Medicine Droppers  
Needles including, but not limited to, hypodermic,  
scalp, vein

Nursing Services: regardless of level,  
administration of oxygen, restorative nursing  
care, nursing supplies, assistance with eating  
and massages provided by facility personal.

Nursing Supplies: lubricating jelly, betadine,  
benzoin, peroxide, A & D Ointment, tapes,  
alcohol, alcohol sponges, applicators,  
dressings and bandages (All Types),  
cottonballs, and Merthiolate Aerosol, tongue  
depressors.

Ostomy supplies: adhesive, appliance, belts, face  
plates, flanges, gaskets, irrigation sets, night  
drains, protective dressings, skin barriers, tail  
closures and bags

Suture care including trays and removal kits

Syringes, all sizes and types including Ascepto

Tape for laboratory tests

Urinary drainage tube and bottle

### **THERAPEUTIC AGENTS AND SUPPLIES:**

Antacids, nonlegend

Drugs, stock (excluding insulin)

Enteral Feedings (including by tube) and all  
related supplies

I.V. therapy supplies: arm boards, needles, tubing  
and other related supplies

Laxatives, nonlegend

Oxygen (portable or stationary), oxygen delivery  
systems, concentrators and supplies

Special diets

Stool Softeners, nonlegend

Vitamins, nonlegend

(All covered supplies subject to changes in Federal  
and State Medicaid law)

### **MEDICARE:**

Most long-term care, in a nursing home or at home,  
is custodial care (help with activities of daily living  
such as bathing, dressing, using the bathroom, and  
eating). Medicare doesn't cover long-term care,  
since it can't cover custodial care when that is the  
only kind of care you need.

Under the Medicare program, you may be entitled  
to limited skilled nursing facility coverage after a  
3-day stay in the hospital, not counting the day of  
discharge. This includes: semiprivate room, meals,  
skilled nursing and rehabilitative services, and  
other services and supplies.

Medicare Part A (Hospital Insurance) only covers  
skilled care given in a certified skilled nursing  
facility or in your home. You must meet certain  
conditions for Medicare to pay for skilled care  
when you get out of the hospital.

#### **For each benefit period YOU pay:**

- Nothing for the first 20 days.
- Up to \$124.00 per day for days 21-100.
- All costs beyond the 100th day in the benefit  
period.

It is important to remember that Medicare coverage  
is limited to those residents requiring a high level  
of care.

If you have questions about skilled nursing facility  
care and conditions of coverage, call  
**1-800-MEDICARE (1-800-633-4227).**

(2007 rates; the per day co-payment changes each  
year)

## **MEDICAID:**

Medicaid is a program designed to pay for care in the nursing home when the resident is unable to pay for the care. Payment includes room and board, prescriptions, and medical care.

To be eligible for Medicaid, you must be in a Medicaid vendor bed, meet a 21 point level of care medical criteria, and have assets less than \$1000.00. Your house is not counted as an asset.

If you feel you may meet the requirements for Medicaid, you need to contact your county Family Support Division Office, or call the Information & Referral Line at **1-800-235-5503**, for help finding your local office.

They will then help you in filling out the necessary forms and certify you for Medicaid. Once you are certified, your social security check and other monthly income must be turned over to the nursing home and Medicaid will make the difference in payment.

You will be able to keep \$30.00 a month as spending money. You can do whatever you wish with this money, it is your Personal Needs Allowance.

## **MEDICAID FOR MARRIED COUPLES:**

If your spouse is in a nursing home you may be eligible for a “division of assets” through the Medicaid program. The Family Support Division Office will divide your assets so that you do not have to spend all of your savings on nursing home care. Your community spouse may also be eligible for a spousal allotment (a portion of your monthly income), to help prevent spousal impoverishment.

If you have any questions, contact your local Family Support Division Office or the office of the State Long-Term Care Ombudsman at **1-800-309-3282**.

## ***Appendix C***

Below are simplified definitions. If you need more information regarding these definitions contact your local attorney or your local Legal Service Office.

### **GUARDIANSHIP/CONSERVATORSHIP:**

This can only be granted through a court hearing. A guardian handles your personal matters such as where you reside, while a conservator deals with your financial concerns. A probate court judge must adjudicate you as incompetent to qualify for a guardian.

A facility cannot require you to have a guardian or conservator.

### **DURABLE POWER OF ATTORNEY:**

This is a notarized document that allows another person to handle your affairs either temporarily or permanently with your permission. “Durable” means that the document is valid should you become incompetent or unable to make decisions on your own. A Durable Power of Attorney can only be given with your approval and must be signed when you are competent.

You can withdraw this document anytime you wish.

A Power of Attorney that does not say Durable is only valid while you are competent.

## **DURABLE POWER OF ATTORNEY FOR HEALTH CARE:**

This is also a notarized document allowing another person to make choices on your behalf. However, these choices only pertain to your health care.

This does not give anyone the right to make other decisions for you. A Durable Power of Attorney for Health Care is only valid when you are unable to make medical decisions for yourself.

## **REPRESENTATIVE PAYEE:**

This person has been designated by Social Security to handle your Social Security checks in your best interest, such as paying the nursing home. He/She is not entitled to make any other decision or handle any other finances for you except with your permission.

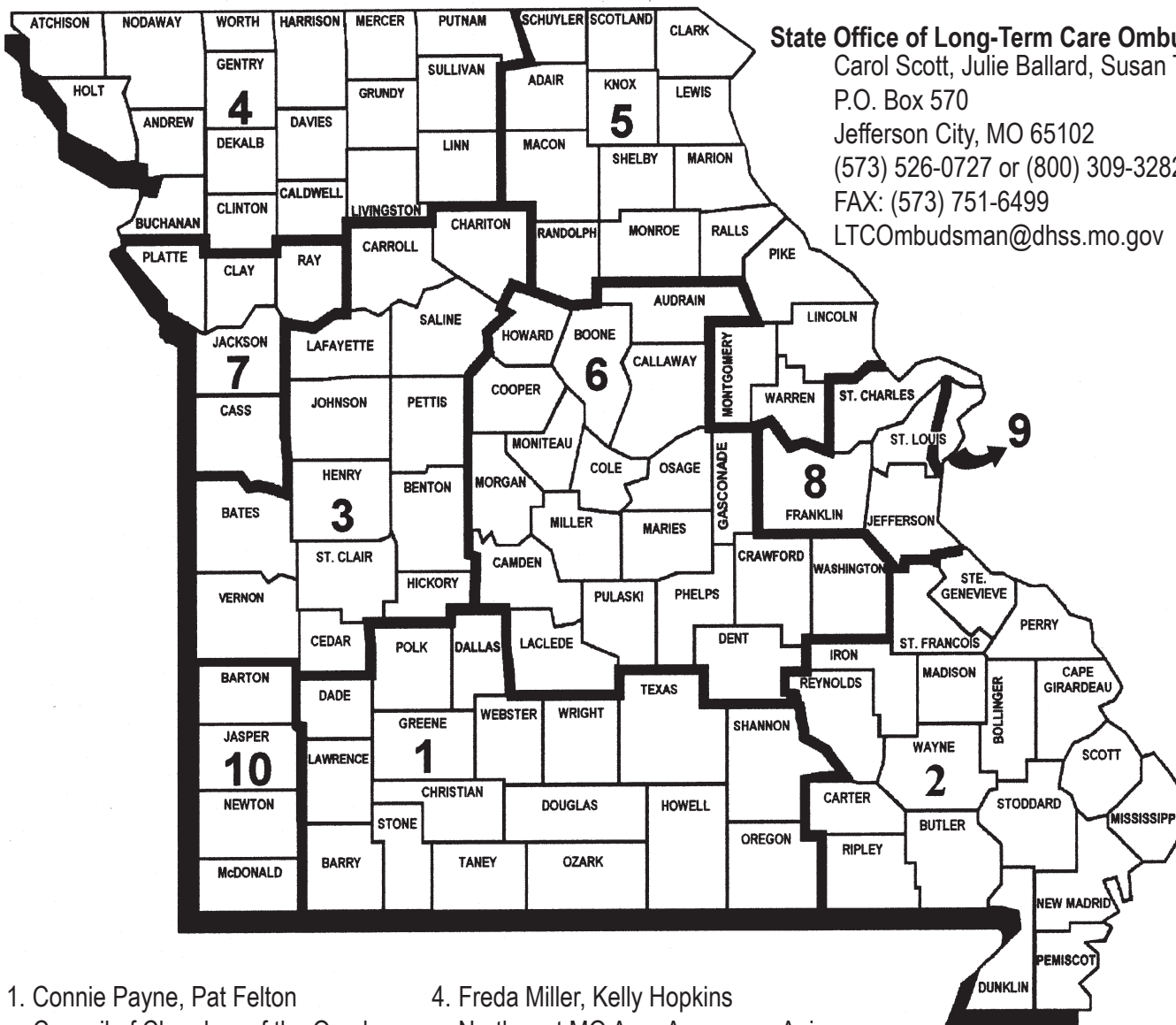
## ***Appendix D***

### **Acronyms**

AAA- Area Agencies on Aging  
ADA- American Disabilities Act  
ADC- Adult Day Care  
ADL- Activities of Daily Living  
AoA- Administration on Aging  
APS- Adult Protective Services  
CD- Consumer Directed  
CFR- Code of Federal Regulations  
CMS- Centers for Medicare and Medicaid Services  
CMT- Certified Medical Technician  
CAN- Certified Nurse Assistant  
CPR- Cardiopulmonary resuscitation  
CRU- Central Registry Unit (*Elder Abuse and Neglect Hotline-800-392-0210*)  
CRS- Code of State Regulations  
DHSL- Division of Health Standards and Licensure  
DHSS- Department of Health and Senior Services  
DMH- Department of Mental Health  
DMS- Division of Medical Services (DSS)  
DON- Director of Nursing  
DSS- Division of Senior Services (DHSS)

DSS- Department of Social Services  
HCFA- Health care Finance Administration  
(name now changed to CMS)  
HCS- Home and Community Services  
HHA- Home Health Agency  
HHS- U.S. Department of Health and Human Services  
HMO- Health Maintenance Organization  
I&R- Information and Referral  
ICFs/MR- Intermediate Care Facilities for persons with Mental Retardation  
LOC- Level of Care  
LPN- Licensed Practical Nurse  
LTC- Long-term Care  
LTCOP- Long-term Care Ombudsman Program  
MDS- Minimum Data Set  
MR/DD- Mental Retardation and other Developmental Disabilities  
OAA- Older American Act  
OBRA- Omnibus Budget Reconciliation Act  
OSHA- Occupational Safety Hazard Administration  
QA- Quality Assurance  
PS- Protective Services  
RAP- Resident Assessment Protocol  
RCF- Residential Care Facility  
RN- Registered Nurse  
ROM- Range of Motion  
RUG- Resource Utilization Group  
SLCR- Section for Long-term Care Regulation (DHSS)  
SNF- Skilled Nursing Facility  
SOD- Statement of Deficiencies  
SSA- Social Security Administration  
SSI- Supplemental Security Income  
USDA- United States Drug Administration

# Missouri Long-Term Care Ombudsman Program



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Department of Health and Senior Services  
P.O. Box 570  
Jefferson City, MO 65102  
573-526-0727  
**1-800-309-3282**

or by going to  
**<http://www.dhss.mo.gov/Ombudsman>**



**For more information or to secure the services of an Ombudsman**

WRITE OR CALL

Department of Health and Senior Services  
State Office of Long-Term Care Ombudsman  
P.O. Box 570  
Jefferson City, MO 65102

**1-800-309-3282**



For hearing impaired, call RELAY MISSOURI  
Text telephone: 1-800-735-2966  
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